

*Michigan Department
of Community Health*



**Jennifer M. Granholm, Governor
Janet Olszewski, Director**

REQUEST FOR PROPOSAL

for

**Primary and Preventive Dental Health
Care Services Grant**

Issued by:

Michigan Department of Community Health
Oral Health Program
109 West Michigan Avenue, Fourth Floor
Lansing, Michigan 48913
Phone: (517-335-8388)
Fax: (517-335-8294)

**Notification of Intent to Apply Due: August 22, 2008
Proposals Due: September 19, 2008**

Copies Required: Signed Original plus 3 copies

Instructions for Completing the Primary and Preventive Dental Health Care Services Grant Application

The Abbreviated Primary and Preventive Dental Health Services Grant Application was created specifically for public and non-profit eligible organizations to reduce health barriers and health disparities in Michigan through the establishment of oral health services in dental health professional shortage areas. One project will be funded to address increased dental access and implementation of evidence-based dental health promotion/disease prevention programs.

Applicants should be located within a community-based clinic that offers a full range of healthcare services to populations bearing a disproportionate share of disease and disabilities. The clinic must be established in a Health Professional Shortage Area (HPSA).

All terms, conditions and limitations specified in the abbreviated grant application will be reviewed and scored according to relevant review criteria described in Selection Criteria on page five.

INSTRUCTIONS:

Applicants should review all included materials and selection criteria.

Notice of Intent to Apply must be completed on the form attached and submitted no later than August 22, 2008 at 5:00 p.m.

Applications that are not typed will be returned. **Completed applications, including one original and three (3) copies, are due no later than 5:00 p.m., September 19, 2008 to:**

Michigan Department of Community Health
Oral Health Program
Attn: Sheila Semler, Ph.D., Oral Health Director
109 West Michigan Avenue, Fourth Floor
Lansing, Michigan 48913
Phone: (517-335-8388)
Fax: (517-335-8294)

Applicants are responsible for the timely receipt of their proposal. **PROPOSALS RECEIVED AFTER THIS DATE AND TIME WILL NOT BE CONSIDERED. E-MAIL OR FAX RESPONSES WILL NOT BE ACCEPTED.**

BACKGROUND AND PURPOSE

The Michigan Department of Community Health (MDCH) Oral Health Program is offering a grant to reduce health barriers and health disparities in Michigan through a grant proposal to establish a community-based dental clinic in an underserved area. Funding for the grant is made possible through the HRSA Grants to States to Support Oral Health Workforce Activities. The grant award not to exceed \$67,200.00 is available for a 9 month period to begin January 1, 2009. The grant is designed to provide initial funds for development and implementation of projects

with the expectation that once-established the projects can be sustainable through the billing of services through Medicaid and third-party payors.

ELIGIBLE APPLICANTS

Public and non-profit eligible organizations are eligible to apply. The grant recipients must be located within an existing community-based clinic that offers a full range of healthcare services to populations bearing a disproportionate share of disease and disabilities.

AVAILABILITY OF FUNDING

The grant award is contingent upon release of federal funds for the project. The grant award will not exceed \$67,200.

PROJECT PERIOD

Awards will be made for a project period of 9 months beginning January 1, 2009. Applicants are expected to be notified of award decisions by October 1, 2008.

Any funds received by the Contractor but not spent for the specific purposes of the project must be returned to MDCH. In submitting the application, the applicant assures that funds will only be used for the intended project purpose. The Department will not assume any responsibility or liability for costs incurred by the Contractor prior the signing of an agreement. Funds will be set aside for an independent analysis, contracted at the discretion of the Department, to evaluate the relative merits of all projects funded.

CONTRACTOR RESPONSIBILITIES

The Contractor will be required to assume responsibility for all contractual activities offered in the proposal whether or not that Contractor performs them. If any part of the work is to be subcontracted, responses to the RFP must include a list of subcontractors including the firm name and address, the name of the contact person, a complete description of the work to be subcontracted, and information concerning the subcontractor's organization and abilities. The state will consider the selected Contractor to be the sole point of contact with regard to project matters, including payment of any and all charges resulting from the award.

REIMBURSEMENT MECHANISM

All contractors must sign up through the on-line vendor registration process to receive all State of Michigan payments as Electronic Funds Transfers (EFT)/Direct Deposits, as mandated by PA 533 of 2004. Vendor registration information is available through the Department of Management and Budget's web site: <http://www.cpexpress.state.mi.us/>

DISCLOSURE OF PROPOSAL CONTENTS

All information in an applicant's proposal is subject to disclosure under the provisions of Public Act No. 442 of 1976, known as the "Freedom of Information Act." This act also provides for the disclosure of contracts and attachments thereto.

ISSUING OFFICE

This RFP is issued by the Oral Health Program, Michigan Department of Community Health, hereafter known as the Department. The issuing office is the sole point of contact for

persons/organizations who are considering preparing responses to the RFP. The award will be made to the bidder who most successfully meets the criteria of the RFP, up to the total amount of funds available within the funding level stipulated.

USE OF FUNDS

Funds available under this announcement may not be used to supplant funds for existing projects. Funds for the grant should focus on providing clinical dental services. No more than 20% of the funds may be used for materials, supplies, continuing education to meet the goals and objectives, and travel associated with implementing the proposed project.

REQUIRED CAPACITY

1. Matching funds: Matching non-Federal funds of 40% is required. The 40% match cannot be in-kind.
2. In-kind support: In-kind contributions of staff time and other resources are expected both from the applicant and from project partners.

The priority of the community-based dental clinic grant is to assist in the development of a community-based dental clinic in a community with limited or no access to dental services. The grant may be used to support the increased capacity of an existing community-based dental clinic. The grant is a workforce grant and is established to provide funds to assist in the clinic's infrastructure development through the support of a dentist's salary until which time Medicaid or other reimbursement mechanisms are in place to support the dentist.

QUESTIONS AND ANSWER PERIOD

A pre-proposal conference will not be held. Questions may be submitted up to August 22, 2008. Written answers will be e-mailed to all parties who have submitted letters of intent and furnished a valid e-mail address.

SPECIFICATIONS

The funded project must address/comply with the following specifications:

1. Develop a workplan that addresses the following goals and objectives:
 - a. Projects must provide documentation on their effectiveness and progress towards meeting work plan goals. Timely reporting and indicators of success in increasing dental sealant placement for the target population is a goal of these grants.
 - b. Assure quality of care by improving the knowledge, skills, competencies and outcomes of the health professions workforce.
 - c. Improve public health systems by assuring the infrastructure exists to support an efficient and effective health professions workforce.
 - d. Reduce health barriers by assuring the appropriate supply, diversity, composition and distribution of the health professions workforce.
 - e. Eliminate health disparities by assuring the availability of a full range of health care skills and services to populations bearing a disproportionate share of disease and disability.
2. During quarterly interviews, site visits, or other reporting mechanism, provide documentation or information on progress in meeting the workplan goals and

objectives.

3. Complete a final report including:
 - a. Evaluation of the project
 - b. Statistical data on the number of patients seen, number of patients with disabilities seen, procedures, impact on the community as the result of the project,
 - c. Examples or evidence of meeting Specifications #1 b-e above (page 4)
 - d. A narrative about the strengths and weaknesses of the program.
4. Projects must focus on health status implications of the healthcare services to populations bearing a disproportionate share of disease and disabilities.
5. Projects must improve access to oral health prevention measures to include fluoride varnish application and/or dental sealants for the target population.
6. Projects must support the Department's goal of increased access to care.
7. Projects must be conducted within the State of Michigan.
8. Projects must address all requirements of the specifications.

DIRECTIONS FOR COMPLETING THE GRANT APPLICATION:

I. Cover Sheet

A. Project Title: Enter name of project

B. Amount of Request:

C. Name of Applicant Organization: Enter in the name of the applicant organization. Enter the name and title of the person officially authorized by the applicant organization to enter into agreements, (usually chief administrative officer). Enter the mailing address, including city, county, state and ZIP code. Enter the telephone number, fax number and e-mail address.

D. Contact Person: Enter the name and title of the contact person who will be responsible for overseeing the project. Enter the mailing address, including city, county, state and ZIP code. Enter the telephone number, fax number and e-mail address.

E. Legal Status of Organization: (*check only one response*) – check the box that applies. Attach copy of requested IRS materials.

F. Federal Tax ID Number – Enter Federal Tax ID number (may also be known as Federal Employer Number) as assigned by IRS.

G. Authorizing Entity – An official authorized to bind the applicant organization to its provisions must sign the original proposal in ink. Print name and enter date of signature.

II. Proposal

A. Needs Statement -- Include the requested information.

B. Program Description/Work Plan – Attach the program description/work plan. State project goal in space provided. List objectives, activities and outcomes and the quarter in which the objectives will be accomplished in the appropriate columns.

C. Community Involvement, Collaboration, Coordination- Include the requested information. Letters of support should be attached.

D. Organization and Capacity —Include the requested information.

E. Project Sustainability – Include the requested information.

F. Outcome Measures and Evaluation – Include the requested information.

G. Budget Narrative and Summary; Program Budget Cost Detail Schedule-- Using the Budget Completion instructions included in the RFP (see Attachment A), please complete both budget forms (see Attachment B1): DCH-0385 (Budget Summary) and DCH-0386 (Program Budget Cost Detail Schedule). Budget forms should reflect the proposed cost of the project period. Include a budget narrative with the attached forms.

H. Overall Quality of the Proposal-- Include the requested information.

II. Narrative Guidelines

A. Font: Please use an easily readable serif typeface, such as Times Roman, Courier, or CG Times. The text portion of the application must be submitted in not less than 12 point and 1.0 line spacing. For charts, graphs, footnotes and budget tables, applicants may use a different pitch or size font, not less than 10 pitch or size font. However, it is vital that when scanned and/or reproduced, the charts are still clear and readable.

B. Paper Size and Margins: The application must be printed on 8 ½” X 11” white paper. Margins must be at least one (1) inch at the top, bottom, left and right of the paper. Please left-align text.

C. Page Numbering: Please number all pages, beginning with the title page as page 1.

D. Page Limit: Page limit is 10 pages; the Title Page, Cover Sheet, Work Plan, Program Budget, and Letters of Support are not included in the page limit.

Primary and Preventive Dental Health Care Services Grant Application

Applications due: September 19, 2008

Cover Page:

A. Project Title: _____

B. Amount of Request: _____

☐ Cannot exceed \$67,200 (Community-based dental clinic)

C. Name of Applicant Organization: _____

Authorized Official: _____

Title: _____

Mailing Address: _____

City: _____ County: _____ ZIP: _____

Telephone: _____ Fax: _____

E-mail Address: _____

D. Contact Person: _____

Title: _____

Mailing Address: _____

City: _____ County: _____ ZIP: _____

Telephone: _____ Fax: _____

E-mail Address: _____

E. Legal Status of Organization (*check only one response*)

☐ Private, Non-Profit Entity (attach copy of IRS's 501 (C) (3) or other legal documentation verifying status)

☐ Public Agency/Unit of a governmental

F. Federal Tax ID Number: _____

G. Authorizing Entity: I hereby affirm my authority and responsibility for the use of all equipment and/or educational training described in this application.

Authorized Individual (*signature*)

Printed Name

Date

II. Selection Criteria: Applications for grants will be reviewed by a committee established by the MDCH. The proposals will be evaluated in terms of clarity, detail, overall understanding of the concepts addressed, and understanding of the Department's objectives for increasing the number of beneficiaries receiving oral health services. Applications will be scored on the following criteria:

A. Needs Statement (15 points)– The needs statement is a concise, descriptive statement identifying the need(s) to be addressed by the project.

1. Applicants will want to provide information of their status as a dental health professional shortage area and identify access to dental providers in the area.
2. Define the specific needs of the target population.
 - a. The target population should include populations bearing a disproportionate share of disease and disabilities
 - b. The barriers that prevent the target population from accessing the proposed service should be described as well as what will be done to overcome these barriers.
3. Describe how activities relate to the project's objectives. Describe how the proposed project will increase dental access for the disadvantaged and disabled population.
4. The application should explain why the request is being made; what need the request will impact; and why the need is not being met with current resources.
5. The need for the project should be supported by local and/or state data.

B. Program Description Narrative/Work Plan (30 points)- Applicants must complete the *Work plan* worksheet and provide a narrative describing the program.

1. The *Work plan* must state the project's goal(s), objectives, performance measure, time frame and person responsible for meeting the objective.
2. The Narrative should include a project goal(s) that is a broad statement of purpose. Project objectives should be time-limited and measurable.
3. The narrative should correspond with the *Work plan* in demonstrating how the project will implemented.
4. The narrative should identify how the target population will be informed of services available, describe what services will be performed, and describe community engagement activities.
5. The narrative should demonstrate how the project will:
 - a. increase oral health prevention; and
 - b. increase dental access through a community-based clinic

C. Community Involvement, Collaboration, Coordination (15 points) – The proposal should demonstrate a collaborative community effort or involvement with the program.

1. The project should identify the collaborative partners (i.e. local health departments, local DHS offices, schools, community health centers, professional dental or hygiene associations, etc.) and briefly describe their activities integral to the project. Letters of support should indicate the level of support or involvement of the agencies identified.
2. Describe how the services will integrate with existing health and dental prevention or restorative services in the community focusing on the target population.
3. Provide evidence of past successes in implementing similar projects and/or other evidence that the agency will effectively implement the proposed project.

D. Organization and Capacity (10 points) -- The organization should demonstrate collaboration for comprehensive health care partnerships or experience in partnering with communities.

1. Special consideration will be given to applicants that are located within a community-based clinic that offers a full range of healthcare services to populations bearing a disproportionate share of disease and disabilities.
2. Experience in the provision of oral health services to Medicaid recipients and persons with disabilities should be stated.
3. Describe the project's capacity for staffing and facilities. Describe how staff are or will be qualified to facilitate the project (include education, training, etc.)
4. Describe the volume of patients expected to be served and the services provided.
5. Include an organizational chart defining the key personnel in the project.

E. Project Sustainability (10 points)-- The proposal must demonstrate the capacity to sustain services beyond the nine-month term of the contract.

1. Describe the agency's plan for continuation funding beyond the nine-month grant period.

F. Outcome Measures and Evaluation (25 points): The narrative of outcome measures and evaluation should provide clear, consistent information on how the project will be evaluated in relationship to the goals and objectives.

1. The identified goals and objectives on the *Work Plan* must be consistent with the narrative and include the following HRSA Project Goals:
 - a. Assure quality of care by improving the knowledge, skills, competencies, and outcomes of the health professions workforce
 - b. Improve public health and health systems by assuring the infrastructure exists to support an efficient and effective health professions workforce.
 - c. Reduce health barriers by assuring the appropriate supply, diversity, composition and distribution of the health professional workforce.
 - d. Eliminate health disparities by assuring the availability of a full range of healthcare skills and services to populations bearing a disproportionate share of disease and disability.
2. Define how outcomes and goals of the Workplan will be measured and evaluated. Evaluation tools and methods should be identified; how the data will be collected, how often and by whom should be identified.
3. Describe the expected impact of the program within the community and its impact on improving oral health.
4. The narrative should provide data on the number of clients expected to receive care through the program and the types of dental services to be provided. Information should include how clients with disabilities will be served.

G. Budget Narrative and Summary (10 points) -- Complete and attach the DCH 0385 and DCH 0386 and include a corresponding budget narrative.

1. Matching non-Federal funds of 40% is required. The 40% match cannot be in-kind.
2. In-kind support: In-kind contributions of staff time and other resources are expected both from the applicant and project partners.
3. Identify the amount of funds requested and any cost sharing among partners.

4. Include all revenues necessary to support the proposed projects.
5. Descriptions should correspond with information submitted on the DCH 0385 and DCH 0386 forms. Identify the project's fiduciary.
6. Funds available under this announcement the grant should be primarily focused on staff salaries. No more than 20% of the funds may be used for materials, supplies and travel associated with implementing the proposed project but should not be the main focus of the proposal.
7. Funds may not be used to supplant funds for existing projects.
8. The program budget must support the goals of the HRSA Project:
 - a. Assure quality of care by improving the knowledge, skills, competencies, and outcomes of the health professions workforce
 - b. Improve public health and health systems by assuring the infrastructure exists to support an efficient and effective health professions workforce.
 - c. Reduce health barriers by assuring the appropriate supply, diversity, composition and distribution of the health professional workforce.
 - d. Eliminate health disparities by assuring the availability of a full range of healthcare skills and services to populations bearing a disproportionate share of disease and disability.

H. Overall Quality of the Proposal (10 points)-- Proposals must demonstrate effective, efficient and ongoing community-based approaches leading to an increase in primary and preventive dental health care services.

1. The proposal demonstrates an effective and efficient program to increase oral health in Michigan.
2. The program demonstrates a reasonable, consistent, sustainable, well-documented plan, that includes methods of implementation and evaluation.

**Michigan Department of Community Health
Primary and Preventive Dental Health Care Services Grant
Notice of Intent to Apply for Funding Form (NOIAF)
Due September 19, 2008 at 5:00 P.M.**

Name of Applicant Organization_____

Federal Tax Identification Number_____

County_____

Type of Applicant Agency

(Check one) ☐ Not for Profit ☐ School ☐ Local Public Health Agency
 ☐ School of Dentistry or Hygiene ☐ FQHC
 ☐ Other (please specify)_____

☐ This letter is to inform you that _____ intends to apply
for the MDCH Primary and Preventive Dental Health Care Services Grant.

Authorized Official_____ **Title**_____

Mailing Address:_____

City:_____ **County**_____ **ZIP**_____

Telephone:_____ **E-mail address**_____ **FAX:**_____

Contact Person_____ **Title**_____

Mailing Address_____

City:_____ **County:**_____ **Zip:**_____

Telephone: _____ **FAX:** _____ **E-mail Address** _____

Signature_____ **Date**_____

Print Name and Title_____

**Fax (517) 335-8697 or e-mail (semlers@michigan.gov) this form to:
MDCH/Oral Health**

WORK PLAN – State the overall goal of the project, and list objectives, activities, outcomes and the quarter in which the objectives are expected to be completed in the appropriate column.

Project Goal: _____			
Objectives	Performance Measure	Time Frame	Person Responsible

